1313415



05060301



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

SEC USE ONLY						
Prefix	Serial					
DATE REC	CEIVED					

· //	UNIFORM LIMITED OFFERING EXEMPTION	NO NO
Name of Offering (check if this is Mid America Production	s an amendment and name has changed, and indicate chang	e.)
Filing Under (Check box(es) that appl		(6) DULOE
Type of Filing: New Filing An	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested ab		
	amendment and name has changed, and indicate change.)	
Mid America Production		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
250 N. Kansas, Wichita,	KS 67214	316-291-3500
Address of Principal Business Operation (if different from Executive Offices)		Telephone Number (Including Area Code)
Brief Description of Business		PROCESSE
Oil & Gas Production	·	n.
Type of Business Organization		10-00000
☐ corporation	imited partnership, already formed	other (please specify):LIC FINANCIAL
☐ business trust	limited partnership, to be formed	The state of the s
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Organ	ation or Organization: 0904 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State:
GENERAL INSTRUCTIONS Federal:		
Who Must File: All issuers making an of 15 U.S.C. 77d(6).	fering of securities in reliance on an exemption under Regula	tion D or Section 4(6), 17 CFR 230.501 et seq. or
and Exchange Commission (SEC) on the date on which it is due, on the date it	later than 15 days after the first sale of securities in the offering ne earlier of the date it is received by the SEC at the address g was mailed by United States registered or certified mail to hearth Commission 450 Fifth Street NW. Weshington 100	iven below or, if received at that address after the that address.
Copies Required: Five (5) copies of this	hange Commission, 450 Fifth Street, N.W., Washington D.C notice must be filed with the SEC, one of which must be manu I copy or bear typed or printed signatures.	
Information Required: A new filing muchanges thereto, the information reque the Appendix need not be filed with t Filing Fee: There is no federal filing fe		y report the name of the issuer and offering, any n previously supplied in Parts A and B. Part E and
State: This notice shall be used to indicate readopted ULOE and that have adopted where sales are to be, or have been man	cliance on the Uniform Limited Offering Exemption (ULOB this form. Issuers relying on ULOE must file a separate notice. If a state requires the payment of a fee as a precondition this notice shall be filed in the appropriate states in accordance to completed.	ce with the Securities Administrator in each state of the claim for the exemption, a fee in the proper
	ATTENTION —	Alamanakan Orananakan (haribara)
	ropriate states will not result in a loss of the federa e will not result in a loss of an available state federal notice.	

		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information requested	or the follow	ing:	······································		
• Each promoter of the issuer, if		-	hin the past five years;		
 Each beneficial owner having th issuer; 	e power to vo	ote or dispose, or direc	et the vote or disposition of	of, 10% or more	of a class of equity securities of
· Each executive officer and dire	ctor of cospo	rate issuers and of co	orporate general and mai	naging partners	of partnership issuers; and
 Each general and managing pa 	riner of parti	nership issuers.			
Check Box(es) that Apply: Pr Krause, Gread	omoter [Beneficial Owner	☐ Executive Officer Manager	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)				
250 N. Kansas, Wichita	•	214			
		Street, City, State, Z	Lip Code)		
		• • • • •	• /		
Check Box(es) that Apply:	omoter [Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)				
Business or Residence Address (Number and	Street, City, State, Z	ip Cođe)		
Check Box(es) that Apply: Pr	omoter [Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)				
Ton rume (East name 1131, it mairs	uuaij				
Business or Residence Address (Number and	Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	omoter [Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)				
Business or Residence Address	Number and	Street, City, State, Z	Lip Code)		
Check Box(cs) that Apply:	omoter E	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)		•		
Business or Residence Address	Number and	Street, City, State, 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply: Pr	omoter [Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi-	dual)			······································	
Business or Residence Address	(Number and	Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	omoter [Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indiv	idual)			······································	
Business or Residence Address	(Number and	Street, City, State, 2	Zip Code)		
(U	se blank shce	t, or copy and use ac	lditional copies of this sh	eet, as necessar	ry.)

				B. IN	FORMATI	ON ABOU	T OFFERI	NG					
1. Has th	ne issuar so	ld, or does	the issuer	intend to s	ell, to non-	accredited i	nvestors in	this offeri	ne?			Yes	No M
		, 0			in Append				•		•,•••••	U	VA.
2. What	is the mini	mum invest			pted from		-					s12	500
				•	•	·						Vec	No
					gle unit? [f .								
simila associ dealer	r remunerat ated person	tion for soli or agent of an five (5) p	citation of p f a broker o persons to b	ourchasers i r dealer reg	who has been connected with associated p	on with sale: the SEC a	of securition	es in the off state or st	ering. If a pates, list the	erson to be name of th	listed is an e broker or	•	
Full Name (I	Last name I	first, if indi	vidual)					·					
MPC													
Business or	Residence A	Address (N	umber and	Street, Cit	y, State, Zi	p Code)							
17555 V	'entura l	Bivd. #2	200, En	cino, C	4 9131	6							
Name of Ass	sociated Bro	oker or De	aler										
Character 10	ich Dann	Linux II	Colfair a	a Interior	to Collete D								
States in Wh						urchasers						~	
(Check	'All States"	(AZ)X	AR X	[CA]X		!CTb/	(DE)	(DCW		(GA)X	 (HI)X	is iia C	
[IL]X	[AK] X [1N]	[IA]X	[KS]	[KY]X	[CO]X [LA]X	(CT)X	(DE)X	[DC]X	{FL}X [MI X	[MN]X	[MS] X	([DI] [OM]	
[MT]X	(NE]X	X[VN]	[NH]	Х[ги]	[MM]X	(ME)X [NY)X	[NC] X	[אור]	[OH]X	[OK]X	[OR]X	[PA]	
[RI X]	{SC} x	[SD]	(MT) X[MT]	{TX} X	(UT)X	{\T}X	[VA]X	(WA)x	[WV]X	[WI]	XYV)	[PR]	
Full Name (()/(1-1/	1 2/		(1/4					
,		,	,										
Business or	Residence .	Address (N	umber and	Street, Cit	y, State, Zi	p Code)							
Name of As	sociated Br	oker or Do	aler										
States in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit P	urchasers							
(Check '	"All States"	or check i	ndividual S	tates}		••••			,. ,, ,,,,,,,,,,		(□ All S	tates
[AL]	{AK}	(AZ)	[AR]	[ĆA]	[CO]	(CT)	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	1
[MT]	[NE]	[NV]	(NH)	[[14]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P.A]	}
[RI]	{\$C}	(SD)	(TN)	[TX]	(UT)	[VT]	{VA}	[WA]	{WV}	[WI]	(WY)	(PR	
Full Name (Last name	first, if ind	ividual)										
Business or	Residence	Address (N	lumber and	Street, Ci	ry, State, Z	ip Code)		·		<u>-,</u>			
		`											
Name of As	sociated Br	roker or Do	aler										
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit F	urchasers							
													States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	(ID)	
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO	-
[MT]	[NE]	[NV]	(HN)	[147]	[MM]	[NY]	[NC]	[ND]	[OH]	[ОК]	(OR)	[PA]	
[RJ]	(SC)	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[wv]	[W]	[WY]	{PR	-

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$825,000 <u> </u>	s <u>25,000</u>
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	s825,000_	s 25,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 25,000
	Non-accredited Investors		s 0
	Total (for filings under Rule 504 only)		V
3.	Answer also in Appendix, Column 4, if filing under ULOE. It this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	,,	\$
	Regulation A		•
	Rule 504		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately) includes additional expenses of		s 412,500
	Other Expenses (identify)	_	\$
	Total		2

b. Enter the difference between the aggregate offering total expenses furnished in response to Part C - Question to the issuer."	4.a. This difference is the "adjusted gross proceeds		s 412,500
Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any purpose is not the left of the estimate. The total of the payments listed moset forth in response to Part C - Question 4.b above.	ot known, furnish an estimate and check the box to		
		Payments Officers, Directors, Affiliates	& Payments To
Salaries and fees		D.\$	D \$
Purchase of real estate	······	S	_ 🗆 S
Purchase, rental or leasing and installation of mach	ninery and equipment	□ \$	_ 🗆 \$
Construction or leasing of plant buildings and facili	ities		_ 🗆 \$
used in exchange for the assets or securities of ano	e of securities involved in this offering that may be other issuer pursuant to a merger)		
Repayment of indebtedness		□ \$	🗆 \$
Working capital Other (specify): Purchase of units in a	joint venture for a oil & gas project.	□ \$	\$
		D \$	<u>\$412,50</u>
			412,500
	D. FEDERAL SIGNATURE	·	
The issuer has duly caused this notice to be signed by the ignature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accredited	h to the U.S. Securities and Exchange Commission,	filed under Ru upon written re	le 505, the followin quest of its staff, th
ssuer (Print or Type)	Signature 1	Date	_
Mid America Production Management,	LLC X79 F	7-	1-05
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Gregg Krause	Manager		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1. Is any parry described in 17 CFR 23	30.262 presently subject to any of the disqualification prov	Yes No risions of such rule?
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby unde (17 CFR 239.500) at such times as a	rrakes to furnish to any state administrator of any state in required by state law.	which this notice is filed, a notice on Form D
The undersigned issuer hereby unde offereus.	rtakes to furnish to the state administrators, upon written t	request, information furnished by the issuer to
Offering Exemption (ULOE) of the	hat the issuer is familiar with the conditions that must be state in which this notice is filed and understands that the is these conditions have been satisfied.	
The issuer has read this notification and kno authorized person.	ows the contents to be true and has duly caused this notice to	be signed on its behalf by the undersigned duly
Issuer (Print or Type)	Signature	Date
Mid America Production Man	agement, LLC	_ 7-1-05
Name (Print or Type)	Title (Print or Type)	
Grego Krause	Manager	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3			4		5	
	Time of courie							Disquali	
	Intend	to sell	Type of security and aggregate				under Sta (if yes,		
	to non-a	ccredited	offering price		Type of investor and			explanation of	
		in State	offered in state		amount pur	chased in State		waiver granted)	
	(Part B	-Item 1)	(Part C-Item 1)		(Part)	C-Item 2)		(Part E-	Item 1)
State	Yes	No	J.V. interests in oil & gas project \$825,000	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
АК									
AZ									
AR									
CA		Х		1	25,000	0	0		Х
со									
СТ									
DE									
DC									
IFL									
GA									
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MD		<u> </u>							
MA	<u> </u>								
MI				ļ	-				
MN									
MS									
МО									<u></u>

APPENDIX

1	2		3			4	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5	
			7 5		Disquali				
	Intend to sell Type of security and aggregate				under State ULOE (if yes, attach				
	to non-a	ccredited	offering price		Type of investor and			explanation of	
	investors	in State Item 1)	offered in state (Part C-Item 1)		amount pure	chased in State		waiver g	granted)
	(Fait D	Ren 1)	(ran C-nem 1)	Number of	(Part C	C-Item 2) Number of		(Part E-	nem 1)
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
ŊJ							·		
NM								<u> </u>	
ИУ									
NC									
ND									
ОН									
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VA									
WA						<u> </u>		<u> </u>	
WV									
WI									ļ
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PR	<u> </u>	<u> </u>		<u></u>	<u> </u>				